

GUARANTEED EDUCATION TUITION PROGRAM BENEFIT USE FORM

Completed form **must** be returned to the GET Office by July 31, 2002, or at least 60 days prior to registration. Failure to do so may result in a delay in benefit payments.

Account Information: Please verify that all information is correct. Update if necessary.

Account Number	
Purchaser's Name	Purchaser's Social Security Number
Beneficiary's Name	Beneficiary's Social Security Number

Student Mailing Address:

Street Address (include apartment number)		
City	State	Zip
Daytime Phone (Area Code and Number)	Evening Phone (Area Code and Number)	

Student intends to enroll in:

Name of School			
Street Address			
City	State	Zip	
Check appropriate institution			
4 Yr Public College	Private College	2 Yr College	Out-of-State College Other:
<p>Beginning in the: (Please check one of the following and circle the corresponding year.)</p> <p> <input type="checkbox"/> Fall Quarter/Semester <input type="checkbox"/> Winter Quarter <input type="checkbox"/> Spring Quarter/Semester <input type="checkbox"/> Summer Session* <input type="checkbox"/> Other _____ </p> <p style="text-align: center;"> 2002 2003 2004 (circle one) </p> <p><input type="checkbox"/> I will not be attending college this year. I will notify the Program before I plan to enter college.</p> <p><small>*If there are units available to carry over from the academic year.</small></p>			
Name of contact at college (if known)	Phone Number	E-mail address (if known)	

Contact Information: Please provide your E-Mail address.

Purchaser E-Mail Address		Student E-Mail Address	
Purchaser Signature	Date	Student Signature	Date

PLEASE SIGN TO VALIDATE INFORMATION.
FAILURE TO PROMPTLY NOTIFY PROGRAM OF YOUR INTENTION TO
ENROLL IN COLLEGE MAY RESULT IN A DELAY IN BENEFIT PAYMENTS.

FOR OFFICE USE ONLY